FCC Form No. 410   Registration No. _____

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

APPLICATION FOR CERTIFICATE OF REGISTRATION OF DIATHERMY APPARATUS,
UNDER PROVISIONS OF ORDER No. 4, DATED APRIL 16, 1942,
DEFENSE COMMUNICATIONS BOARD

NOTE: The applicant should be the person *in possession* of the Diathermy Apparatus to be registered. One copy
of this application should be submitted to the Federal Communications Commission, Washington, D. C.,
for each unit registered.

1. Name of applicant _____
                                    (If private individual, give full name)

2. Residence of applicant or applicant's principal officer _____
                                                                            Street
   _____
         City   State

3. Mailing address of applicant _____
                                        Street   City   State

4. Identify character of applicant by *checking one:*

| Licensed medical practitioner | 1 | Physiotherapist | 3 | Hospital, sanatorium or clinic | 5 |
| Manufacturer | 2 | Wholesale or Retail Distributor | 4 | Other | 6 |

5. Description of the Diathermy Apparatus for which registration is sought:

   _____ kc
         Manufacturer   Model and serial number   Frequencies used

   Does apparatus employ vacuum tubes?_____If so, give number and type of tubes_____
   _____

6. (a) Apparatus is normally operated at _____
                                              Street   City   State

   (b) If apparatus is operated at locations other than specified above, give details:
   _____
   _____

7. (a) Is operation of apparatus confined to one room within building? _____

   (b) Is room of operation electrically shielded, i.e., is apparatus in a metallically screened
       space or at a location in which walls, floor and ceiling have been metallized and bonded?_____

8. If applicant is an individual:

   (a) Are you a citizen of the U. S.?_____If so, by birth   _____ | 1 |
                                            by naturalization   _____ | 2 |
                                            by naturalization of others   _____ | 3 |
                                            by other means   _____ | 4 |

   Birth data _____
              Country   State   City   Date

   (b) If not a citizen of U. S., to what country do you owe allegiance?_____

   (c) Are you a representative of a foreign country?_____If so, which?_____

9. If applicant is a corporation, association or other organization in which there is any alien
   ownership, membership or control, either direct or indirect, give full data regarding such alien
   connections. If additional space is needed, attach such data as an exhibit to this application.

   _____
   _____
   _____

   Dated this_____day of _____, 19___.

                                        _____
                                            (Signature of applicant)